



TRANSMITTAL FORM

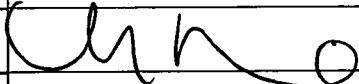
(to be used for all correspondence after initial filing)

		Application Number	10/600,298
		Filing Date	June 20, 2003
		First Named Inventor	NIKOLCHEV, JULIAN N.
		Art Unit	3764
		Examiner Name	Unassigned
Total Number of Pages in This Submission	4	Attorney Docket Number	016355-002580US

ENCLOSURES (Check all that apply)

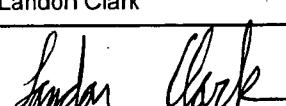
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> Return Postcard Cited References
		Remarks <div style="border: 1px solid black; padding: 5px;">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Nena Bains	
Signature		
Date	February 4, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date	February 4, 2004

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On 2-4-04

TOWNSEND and TOWNSEND and CREW LLP

By: Jandon Clark

PATENT
Attorney Docket No.: 016355-002580US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

JULIAN N. NIKOLCHEV et al.

Application No.: 10/600,298

Filed: June 20, 2003

For: CONTRACEPTIVE
TRANSCERVICAL FALLOPIAN TUBE
OCCLUSION DEVICES AND
METHODS

Examiner: Unassigned

Art Unit: 3764

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

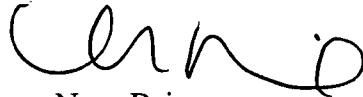
Sir:

The references cited on attached form PTO/SB/08 are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

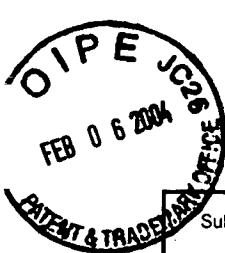
Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Nena Bains
Reg. No. 47,400

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60129777 v1



Substitute for form 1449B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT					
(use as many sheets as necessary)					
Sheet	1	of	1		
				Application Number	10/600,298
				Filing Date	June 20, 2003
				First Named Inventor	NIKOLCHEV, JULIAN N.
				Art Unit	3764
				Examiner Name	Unassigned
				Attorney Docket Number	016355-002580US

U.S. PATENT DOCUMENTS*					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
AA	US-5,562,641		10/08/1996	Flomenblit et al.	
AB	US-5,582,619		12/10/1996	Ken	
AC	US-5,382,260		01-17-1995	Dormandy et al.	
AD	US-6,432,116 B1		08-13-2002	Callister et al.	
AE	US-2001/0041900 A1		11-15-2001	Callister et al.	
AF	US-2002/0013589 A1		01-31-2002	Callister et al.	
AG	US-2003/0029457 A1		02-13-2003	Callister et al.	
	US-				

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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NON PATENT LITERATURE DOCUMENTS					
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T ²

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.B./

Examiner Signature	/Michael Brown/	Date Considered	08/28/2008
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.